

**KENTUCKY BOARD OF LICENSURE  
OF MARRIAGE AND FAMILY THERAPISTS**  
(502) 564-3296 ext. 239  
PO Box 1360  
Frankfort, KY 40602

**ASSOCIATE PERMIT RENEWAL FORM**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Zip: \_\_\_\_\_

\_\_\_\_\_  
Your Associate Marriage and Family Therapist permit expires on the date stated above. In accordance with KRS Chapter 335.330 through 335.399 and regulations governing this profession, you are required to renew your permit each year (maximum of three years) with the submission of this form, a renewal fee of \$25.00 by check or money order made payable to the **Kentucky State Treasurer**. Please list on the back of this form the hours of supervision obtained, including your supervisor's name, signature, and dates. **This renewal form and the fee MUST be postmarked on or before your expiration date indicated above or your permit will be automatically terminated.**

**PLEASE COMPLETE THE FOLLOWING (Please print or type):**

1. Note changes in **Mailing Address** if different from above:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

2. Present Business Address:

\_\_\_\_\_  
\_\_\_\_\_

3. Home Phone (    ) \_\_\_\_\_ Business Phone (    ) \_\_\_\_\_

4. Permit Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

5. Have you been convicted of a felony or misdemeanor since the last renewal of your permit? \_\_\_\_Yes \_\_\_\_No If yes, what offense and give details \_\_\_\_\_  
\_\_\_\_\_

6. Has your Permit to be an Associate Marriage and Family Therapist or any other professional credential in Kentucky or any other state been subject to disciplinary action? \_\_\_\_Yes \_\_\_\_No. If yes, give details, \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION AFFIDAVIT**

**I, the permit holder named in the above, do certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my permit could be subject to disciplinary action by the Kentucky Board of Licensure of Marriage and Family Therapists.**

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_  
(Sign your name - Do not print or type)

**Please complete the form below INCLUDING COMPLETE NAME OF SUPERVISOR, SUPERVISOR'S SIGNATURE, DATE, AND HOURS OBTAINED. Incomplete forms will be returned:**

Supervisor	Dates	Hours Earned	Supervisor's Signature

**SUPERVISION HOURS:**

Total Clinical Supervision hours obtained since associate permit issue date: \_\_\_\_\_ Supervisor's Initials: \_\_\_\_\_

Total Client Contact hours obtained since associate permit issue date: \_\_\_\_\_

**Do Not Write Below This Line--For Board Use Only**

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**APPLICATION REVIEW - FOR BOARD MEMBER USE ONLY**

☐ Approved    ☐ Deferred    ☐ Denied    ☐ Approved w/provision

Committee Signatures: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Resubmitted for review:**

☐ Approved    ☐ Deferred    ☐ Denied    ☐ Approved w/provision

Committee Signatures: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Comments : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_